



State of Tennessee
Department of Commerce and Insurance

Contractors Board – LLP

500 James Robertson Pkwy., Suite 110
Nashville, TN 37243-1150
(615) 532-3994 or 800-544-7693

www.state.tn.us/commerce/boards/contractors

Limited Licensed Plumber (LLP) - Renewal

LICENSE RENEWAL NOTICE 335 10 01802

LICENSE ID #000_____

Expiration Date: _____

Name_____

Address_____

Telephone: (____)_____ FAX: (____)_____ Email:_____

Address Change: ___No ___**Yes – Please notify the Board for Licensing Contractors office in writing of address change. To ensure renewed license is mailed to the current address, please send change separately to the above address or fax at (615) 532-2868, prior to sending renewal notice. Address change forms are available on the website at: www.state.tn.us/commerce/boards/contractors. You may also review the law and amendments at this website.

IT'S TIME TO RENEW YOUR PLUMBER'S LICENSE!

- RENEWAL FEE IS **\$50.00** FOR TWO YEARS.
- MAKE CHECK PAYABLE TO **CONTRACTOR'S BOARD – LLP**
- INCLUDE LLP LICENSE ID# NUMBER ON CHECK
- MAIL FEE WITH THIS FORM, TO THE ADDRESS ABOVE
- LATE FEE IS **\$5.00** per month; MAXIMUM UP TO THREE (3) MONTHS (state mail takes 5 to 7 days delivery)
- LICENSE CANNOT BE RENEWED IF EXPIRED IN EXCESS OF 90 DAYS
(Example, if your licensed expired on 12/31/2007, cannot renew after 04/01/2008)
- PROCESSING TIME – Allow 4 weeks to process – Please mail 30 days prior to expiration to prevent operating unlicensed

Please complete the questions below, sign and mail to the address above.

1. **Felony Conviction:** ___No ___*Yes – Please send notification of criminal convictions, with court documents, separate from this renewal, to the address above, to report felony convictions since obtaining this license. Failure to notify the Board of felony convictions is grounds for revocation. (This does not include prior convictions reported to the Board.)
2. **Have you been disciplined by any licensing agency in Tennessee or another State for faulty plumbing workmanship?**
___No ___*Yes – Please send an explanation separate from the renewal, to the above address, with a course of action to correct problems.

_____ Social Security# _____ - _____ - _____

Signature

RENEWAL FEE

LLP \$ 50.00

LATE FEE: **\$5.00** per month
(Not to exceed three (3) months) _____

TOTAL AMOUNT ENCLOSED \$ _____

Note: If you answered "Yes" to any questions above, please mail an explanation.

(Please allow 5 to 7 business days for mail delivery)